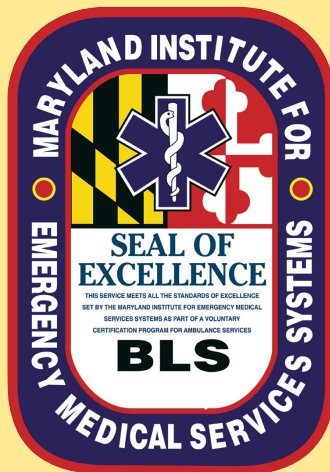




Maryland Institute for Emergency Medical Services Systems

VOLUNTARY AMBULANCE INSPECTION PROGRAM– SEAL OF EXCELLENCE



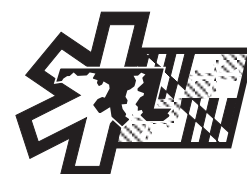
Voluntary Ambulance Inspection Program Standards

Effective March 11, 2003

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Voluntary Ambulance Inspection
Program Standards



The Voluntary Ambulance Inspection Program

The Voluntary Ambulance Inspection Program (VAIP) serves to formally recognize those companies in Maryland that provide a high level of emergency service and to make this fact clearly apparent to the public. In 1981, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) initiated a statewide VAIP. This Program has been a jointly sponsored project of MIEMSS and the Maryland State Firemen's Association (MSFA).

Periodically the inspection guidelines undergo review. This current packet (2003), developed jointly by MIEMSS, MSFA, and the State Emergency Medical Services Advisory Council (SEMSAC), represents the most recent update and reflects changes for both Basic Life Support (BLS) and Advanced Life Support (ALS) units. The primary changes include:

- The requirement that ambulances meet the MDOT vehicle inspection;
- Clarification on personal protection equipment;
- Updates to BLS and ALS supplies and equipment to reflect changes in the Maryland Medical Protocols for EMS Providers;
- Changes in the document format to assist applicants with self-inspection.

Please review the entire document prior to requesting an inspection.

Companies requesting and successfully passing the inspection receive a Certificate of Excellence to display in the station, and up to two Certificate of Excellence decals for display on each certified unit. The certificate period will be for two years.

Prior to inspection, companies will be required to complete the enclosed application, verify that the vehicle has met the DOT inspection criteria within the past year, and certify certain minimum training and staffing standards for each ambulance.

The inspection includes checking the supplies inventory and equipment necessary to adequately care for patients in the prehospital setting. Suction and oxygen delivery equipment, both portable and on-board systems, will be checked to ensure their proper and safe operation. Additionally the Maryland EMS communications equipment will be checked for proper operation.

In addition to biennial review and revision, these standards will be subject to modification if necessitated by changes to the Maryland Medical Protocols for Emergency Medical Services Providers.

Additional copies of this document dated 2003 may be obtained from your MIEMSS Regional Office or downloaded from the MIEMSS website (www.miemss.org). Your MIEMSS Regional Administrator can answer questions you may have on the program, assist with pre-inspection checks of your oxygen and suction equipment, and schedule an inspection for your ambulance(s), first response equipment, ALS chase vehicle, or ALS engine.

A request for an inspection must be submitted in writing (see pages 3 through 7) along with a completed application to the MIEMSS Regional Office utilizing the format on the following pages. Pages 4 through 7 may be copied onto company stationery. Use the list on the next page to contact the MIEMSS regional office serving your area.

Regional Offices

- Region I** Allegany and Garrett Counties
Office: 301-895-5934 or 301-746-8636
Fax: 301-895-3618
Email: dramsey@miemss.org
Mr. David P. Ramsey, Administrator and Director of
Regional Programs, Maryland Institute for Emergency
Medical Services Systems
116 Main Street, P.O. Box 34
Grantsville, MD 21536
- Region II** Frederick and Washington Counties
Office: 301-791-2366 or 301-416-7249
Fax: 301-791-9231
Email: rmettetal@miemss.org
Mr. Richard Mettetal, Administrator
Maryland Institute for Emergency Medical Services Systems
201 S. Cleveland Avenue, Suite 211
Hagerstown, MD 21740
- Region III** Baltimore, Carroll, Harford, Howard, Anne Arundel Counties and Baltimore City
Office: 410-706-3996
Fax: 410-706-8530
Email: jdonohue@miemss.org
ljchervon@miemss.org
Mr. John Donohue, Administrator
Lisa Chervon, Associate Administrator
Maryland Institute for Emergency Medical Services Systems
653 West Pratt Street
Baltimore, MD 21201-1536
- Region IV** Caroline, Cecil, Dorchester, Talbot, Worcester, Wicomico, Queen Anne's, Kent,
and Somerset Counties
Office: 410-822-1799, 877-676-9617
Fax: 410-822-0861
Email: mbramble@miemss.org
jbarto@miemss.org
Mr. Marc Bramble, Administrator
Mr. John Barto, Administrator
Maryland Institute for Emergency Medical Services Systems
301 Bay Street Plaza, Suite 306
Easton, MD 21601
- Region V** Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties
Office: 301-474-1485, 877-498-5551
Fax: 301-513-5941
Email: mwarner@miemss.org
rmeighen@miemss.org
Marie Warner-Crosson, Administrator
Richard Meighen, Associate Administrator
Maryland Institute for Emergency Medical Services Systems
5111 Berwyn Road
College Park, MD 20740

Memorandum
For Requesting BLS Ambulance Inspection
Voluntary Ambulance Inspection

SAMPLE

<on company stationery>

To: <MIEMSS Regional Administrator>

From: <your company>

SUBJECT: Voluntary Ambulance Inspection Program—BLS Ambulance Inspection

The ___<your company name>___ would like to participate in the Voluntary Ambulance Inspection Program conducted by MIEMSS. We are hereby requesting that you schedule inspections for the following BLS ambulance(s) listed in the attached application.

Our company has a sufficient complement of EMT-B's to ensure that a certified Maryland EMT-B or higher level provider will be in the patient compartment at all times when a patient is in the ambulance. At least two of the company's officers are currently certified to a minimum of Maryland EMT-B.

Each of the units being inspected is equipped with reliable two-way radios for communications, with dispatch and medical command and control capabilities, and has successfully passed the MDOT inspections required for the types of vehicles listed in our application.

Our company has received and reviewed a current copy of the Voluntary Ambulance Inspection Program Standards. The ___<your company's name>___ agrees to abide by the Standards in the Voluntary Ambulance Inspection Program as long as Certificate of Excellence seals are displayed on our ambulance(s)/vehicle(s).

You may contact the member of our Company indicated on the attached application to schedule this inspection.

Encl.

To:

From:

SUBJECT: Voluntary Ambulance Inspection Program–BLS Ambulance Inspection

The _____ would like to participate in the Voluntary Ambulance Inspection Program conducted by MIEMSS. We are hereby requesting that you schedule inspections for the following BLS ambulance(s) listed in the attached application.

Our company has a sufficient complement of EMT-B's to ensure that a certified Maryland EMT-B or higher level provider will be in the patient compartment at all times when a patient is in the ambulance. At least two of the company's officers are currently certified to a minimum of Maryland EMT-B.

Each of the units being inspected is equipped with reliable two-way radios for communications, with dispatch and medical command and control capabilities, and has successfully passed the MDOT inspections required for the types of vehicles listed in our application.

Our company has received and reviewed a current copy of the Voluntary Ambulance Inspection Program Standards and has reviewed them. The _____ agrees to abide by the Standards in the Voluntary Ambulance Inspection Program as long as Certificate of Excellence seals are displayed on our ambulance(s)/vehicle(s).

You may contact the member of our Company indicated on the attached application to schedule this inspection.

Encl.

To:

From:

SUBJECT: Voluntary Ambulance Inspection Program–BLS First Response Unit Inspection

The _____ would like to participate in the Voluntary Ambulance Inspection Program conducted by MIEMSS. We are hereby requesting that you schedule inspections for the following first response vehicle(s) listed in the attached application.

Our company has a sufficient complement, per the jurisdiction having authority, to ensure that a certified Maryland First Responder or higher level provider will respond with this (these) unit(s) when they respond to emergency calls.

Each of the units being inspected is equipped with reliable two-way radios for communications, with dispatch and medical command and control capabilities, and has successfully passed the MDOT inspections required for the types of vehicles listed in our application.

Our company has received and reviewed a current copy of the Voluntary Ambulance Inspection Program Standards and has reviewed them. The _____ agrees to abide by the Standards in the Voluntary Ambulance Inspection Program as long as Certificate of Excellence seals are displayed on our ambulance(s)/vehicle(s).

You may contact the member of our Company indicated on the attached application to schedule this inspection.

Encl.

To:

From:

SUBJECT: Voluntary Ambulance Inspection Program–ALS Ambulance Inspection

The _____ would like to participate in the Voluntary Ambulance Inspection Program conducted by MIEMSS. We are hereby requesting that you schedule inspections for the following ALS ambulance(s) listed in the attached application.

Our company has a sufficient complement of licensed Maryland Cardiac Rescue Technicians (CRTs) or Emergency Medical Technicians-Paramedics (EMT-Ps) to meet advanced life support staffing requirements of _____ County.

Each of the units being inspected is equipped with reliable two-way radios for communications, with dispatch and medical command and control capabilities, and has successfully passed the MDOT inspections required for the types of vehicles listed in our application.

Our company has received and reviewed a current copy of the Voluntary Ambulance Inspection Program Standards and has reviewed them. The _____ agrees to abide by the Standards in the Voluntary Ambulance Inspection Program as long as Certificate of Excellence seals are displayed on our ambulance(s)/vehicle(s).

You may contact the member of our Company indicated on the attached application to schedule this inspection.

Encl.

To:

From:

SUBJECT: Voluntary Ambulance Inspection Program–ALS Chase Car or
ALS Engine Inspection

The _____ would like to participate in the Voluntary Ambulance Inspection Program conducted by MIEMSS. We are hereby requesting that you schedule inspections for the following ALS Chase Car(s) or ALS Engine(s) listed in the attached application.

Our company has a sufficient complement of licensed Maryland Cardiac Rescue Technicians (CRTs) or Emergency Medical Technicians-Paramedics (EMT-Ps) to meet advanced life support staffing requirements of _____ County.

Each of the units being inspected is equipped with reliable two-way radios for communications, with dispatch and medical command and control capabilities, and has successfully passed the MDOT inspections required for the types of vehicles listed in our application.

Our company has received and reviewed a current copy of the Voluntary Ambulance Inspection Program Standards and has reviewed them. The _____ agrees to abide by the Standards in the Voluntary Ambulance Inspection Program as long as Certificate of Excellence seals are displayed on our ambulance(s)/vehicle(s).

You may contact the member of our Company indicated on the attached application to schedule this inspection.

Encl.

Seal of Excellence Application

Date of Application: _____ Date of Inspection: _____
Date Application Received: _____ Date of Expiration: _____

Indicate number to be inspected in box:

☐

Ambulance - BLS

☐

Ambulance - ALS

☐

First Response - BLS

☐

Chase Car/Engine - ALS

1. Name of Organization: _____

2. Principal Physical Address of the Entity:

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email Address: _____

3. Mailing Address if different than Physical Address:

Street Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

4. Name of principal contact person regarding official communications with MIEMSS:

Name: _____ Title: _____

Office Telephone: _____ Home Phone: _____

5. Type of Service: (Check One) ☐ Volunteer ☐ Career

6. List the service's officers, titles, and levels of EMS certification.

Organizational Officers

Title

Certification Level

_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Attach a copy of the vehicle inspection certificate for each ambulance/vehicle identified on the application that is dated within 12 (twelve) months of the application for inspection, and

a) Issued by an inspection station located in this state that is licensed under Transportation Article, 823-103, Annotated Code of Maryland OR

b) Issued by a state-approved maintenance facility

8. Insurance:

a) If there is insurance applicable to the ambulance or medical service, which is the subject of this application, please attach a copy of the policy.

b) If the ambulance or medical service is operated by a governmental body and is self-insured, please check. ☐

9. Attach listing of EMS personnel (Page 9).

10. Attach listing of EMS vehicles (Page 10).

BY MY (OUR) SIGNATURE(S) AFFIXED BELOW I (WE) HEREBY AFFIRM THAT TO THE BEST OF MY (OUR) KNOWLEDGE:

- The fire, rescue, EMS service is qualified to provide service in Maryland and it will take such action as necessary to remain qualified during the period of certification.
- The information given in this application is true and correct to the best of my (our) knowledge, and any fraudulent entry may be considered cause for rejection or subsequent revocation.
- All signatures are authorized by the (fire, rescue, EMS) service identified in the application to sign the application form:

Signature _____ Date _____
(Organizational EMS Official)

Printed Name _____ Title _____
(Organizational EMS Official)

Membership Information

A printout listing the same information will be accepted in lieu of completing this page

Names	MIEMSS Type of Health Care Certification (Circle One)					Certification Number
1) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
2) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
3) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
4) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
5) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
6) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
7) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
8) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
9) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
10) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
11) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
12) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
13) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
14) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
15) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
16) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
17) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
18) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
19) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
20) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
21) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
22) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
23) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
24) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
25) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
26) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
27) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
28) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
29) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____
30) _____	FR	EMT-B	CRT	CRT-(I)	EMT-P	_____

(Make copies of original form if additional pages are needed.)

Vehicle Information

A printout listing the same information will be accepted in lieu of completing this page

Designation Used by EMS/Fire Service	VIN# (print)	License Plate	Vehicle Type (DOT) (Circle One)			
			I	II	III	Other
1) _____	_____	_____	I	II	III	Other
2) _____	_____	_____	I	II	III	Other
3) _____	_____	_____	I	II	III	Other
4) _____	_____	_____	I	II	III	Other
5) _____	_____	_____	I	II	III	Other
6) _____	_____	_____	I	II	III	Other
7) _____	_____	_____	I	II	III	Other
8) _____	_____	_____	I	II	III	Other
9) _____	_____	_____	I	II	III	Other
10) _____	_____	_____	I	II	III	Other
11) _____	_____	_____	I	II	III	Other
12) _____	_____	_____	I	II	III	Other
13) _____	_____	_____	I	II	III	Other
14) _____	_____	_____	I	II	III	Other
15) _____	_____	_____	I	II	III	Other
16) _____	_____	_____	I	II	III	Other
17) _____	_____	_____	I	II	III	Other
18) _____	_____	_____	I	II	III	Other
19) _____	_____	_____	I	II	III	Other
20) _____	_____	_____	I	II	III	Other
21) _____	_____	_____	I	II	III	Other
22) _____	_____	_____	I	II	III	Other
23) _____	_____	_____	I	II	III	Other
24) _____	_____	_____	I	II	III	Other
25) _____	_____	_____	I	II	III	Other

(Make copies of original form if additional pages are needed.)

Maryland Voluntary Ambulance Inspection

BLS – Ambulance

Pre-Inspection Information

All reusable items, especially those that most often must be left with the patient at a hospital (boards, PSAG, etc.), must be clearly marked, due to the fact that patients are often transported to trauma and specialty centers outside the immediate response area. The following minimum information is required if the equipment is to be accounted for and returned to service promptly: 1) Company Name (not just initials); 2) County and State Name; and 3) Permanent Accessible Phone Number, including area code (station or central communications).

	No. Of Items	Description	Pass	Fail	Notes
General Supplies					
1	24 ea.	sterile gauze pads (min. 4"X4")			
2	2 rolls	2" adhesive tape (some hypoallergenic tape must be available) ¹			
3	2 rolls	1" adhesive tape (some hypoallergenic tape must be available) ¹			
4	12 ea.	cravats (triangular bandages) ²			
5	12 ea.	4" self-adhering gauze bandages			
6	6 rolls	6" self-adhering gauze bandages			
7	4 ea.	cold packs			
8	1 box	assorted plastic bandage strips			
9	12 ea.	sterile trauma dressing (5"X9" min.)			
10	1 ea.	activated charcoal with/without sorbitol - 200 gm ²⁷⁻²⁸			
11	1 ea.	ipecac - 60 cc ²⁷⁻²⁸			
12	3 ea.	glucose paste ²⁷			
13	1 ea.	penlight (narrow beam flashlight acceptable) ⁴			
14	1 ea.	adult BP cuff (regular)			
15	1 ea.	adult BP cuff (large)			
16	1 ea.	child BP cuff			
17	1 ea.	infant BP cuff			
18	1 piece	non-adherent material for occlusive dressing			
19	1 ea.	adult PASG (with passive relief valves)			
20	2 liters	sterile saline or sterile water ²⁷			
21	2 ea.	sterile sheets for burns, individually wrapped			
22	1 box	exam gloves (assorted sizes) (OSHA standards will be followed) (latex free required January 1, 2004)			
23	1 ea.	urinal			
24	1 ea.	bedpan			
25	1 ea.	stethoscope			
26	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
27	1 ea.	facial or toilet tissue			
28	1 ea.	Maryland triage tag kit ⁵			
29	2 ea.	sterile obstetrical (OB) kit (commercially packaged)			
30	2 ea.	IV solution hangers			
31	1 ea.	AED, with two sets of adult pads, spare battery if required, and a razor ⁴⁴			
32	1 ea.	Epinephrine auto-injectors, adult ²⁷			
33	1 ea.	Epinephrine auto-injectors, pediatric ²⁷			
34	1 ea.	Maryland Medical Protocols for Emergency Medical Services Providers ³³			
35	1 ea.	Ring cutter			
36	2 ea.	Soft restraints ⁴²			

COMPANY: _____

VEH. ID #: _____

FLEET #: _____

Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection

BLS – Ambulance

	No. Of Items	Description	Pass	Fail	Notes
Portable First Aid Kit					
1	24 ea.	sterile gauze pads (min. 4"X4")			
2	2 rolls	1" adhesive tape (some hypoallergenic tape must be available) ¹			
3	8 ea.	cravats (triangular bandages) ²			
4	1 ea. size	oropharyngeal airway (sizes, 0 to 5)			
5	1 set	nasopharyngeal airways (18F through 34F; a set is 6 sizes)			
6	1 ea.	stethoscope			
7	1 ea.	adult BP cuff (regular)			
8	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
9	1 ea.	penlight (narrow beam flashlight acceptable) ⁴			
10	6 rolls	4" self-adhering gauze bandages			
11	2 rolls	6" self-adhering gauze bandages			
12	4 ea.	sterile trauma dressing (5"X 9" min.)			
13	2 pairs	exam gloves (assorted sizes) (OSHA standards will be followed) (latex free required January 1, 2004)			
14	1 ea.	kit large enough to carry above equipment			
Portable Oxygen					
1	1	medical oxygen cylinder with at least 300 L capacity, (required 1 "E" size or 1 "D" size) ⁶ E Size (#1) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____			
2		D Size ⁶ (#1) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____ (#3) YEAR _____ PSI _____ (#4) YEAR _____ PSI _____			
3		all portable bottles must be secured according to KKK-1812 standards			
4		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
5		free of grease, oil, or other flammable organic material			
6		passed hydrostatic testing within the past 5 years ⁷			
7		equipped with a yoke that has the appropriate thread or pin index			
8		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity dependent) ²²			
9		regulator shall have a reducing valve limiting line pressure to 50 psi ^{9, 23}			
10		a variable flow valve and a flow meter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			

COMPANY: _____

VEH. ID #: _____

FLEET #: _____

Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection
BLS – Ambulance

	No. Of Items	Description	Pass	Fail	Notes
11		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
12		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
13		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			
On-Board Installed Piped Oxygen					
1	1	installed piped oxygen of at least 3000 L capacity ⁸			
2		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
3		free of grease, oil, or other flammable organic material			
4		passed hydrostatic testing within the past 5 years ⁷			
5		equipped with a yoke that has the appropriate thread or pin index			
6		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder ²²			
7		regulator shall have a reducing valve limiting line pressure to 50 psi ^{9, 23}			
8		at least one oxygen wall outlet with plug-in variable flow valve and flow meter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
9		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
10		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
11		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			

COMPANY: _____

VEH. ID #: _____

FLEET #: _____

Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection
BLS – Ambulance

	No. Of Items	Description	Pass	Fail	Notes
Oxygen Supplies					
1	2 ea.	adult nasal cannula			
2	2 ea.	adult non-rebreather			
3	2 ea.	pediatric nasal cannula			
4	2 ea.	pediatric non-rebreather			
5	2 ea.	oxygen connecting tubing ³¹			
6	2 ea.	adult (1000 - 1200 ml) hand-operated, self re-expanding, bag resuscitator			
7		without a pop-off valve or with a selectable pop-off valve			
8		an oxygen inlet			
9		reservoir tube			
10	2 ea.	transparent adult face mask (size 5)			
11	2 ea.	child (750 ml) hand-operated, self re-expanding, bag resuscitator			
12		without a pop-off valve or with a selectable pop-off valve			
13		an oxygen inlet			
14		reservoir tube			
15	1 ea.	transparent child face mask (sizes 1, 2, 3, 4)			
16	2 ea.	infant (450 - 500 ml) hand-operated, self re-expanding, bag resuscitator			
17		without a pop-off valve or with a selectable pop-off valve			
18		an oxygen inlet			
19		reservoir tube			
20	1 ea.	transparent infant face mask (size 00, 0)			
21	1 ea.	oropharyngeal airway (sizes 0, 1, 2, 3, 4, 5)			
22	1 set	nasopharyngeal airways (18F through 34F; a set is 6 sizes)			
Portable Suction Unit					
1	1 ea.	portable suction unit, battery-powered capable of operating continuously under suction for at least 20 minutes with a rigid suction tip			
2		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____in/Hg			
3		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
On-Board Suction					
1	1 ea.	on-board, piped suction reliable power source from: electrically powered _____			
2		adjustable suction force			

COMPANY: _____

VEH. ID #: _____

FLEET #: _____

Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection

BLS – Ambulance

	No. Of Items	Description	Pass	Fail	Notes
3		assorted catheters 6F-14F & rigid suction tips ¹²			
4		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____ in/Hg			
5		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
Linen Supplies					
1	1 ea.	pillow (non-absorbent or disposable) ^{13 & 29}			
2	1 ea.	pillow case ²⁹			
3	2 ea.	sheets ²⁹			
4	2 ea.	towels ²⁹			
5	2 ea.	blankets, of cotton or other non-conductive material ²⁹			
Carrying Devices					
1	1 ea.	cot with mattress, four wheels and adjustable head position. Two safety straps minimum. (OSHA standards should be followed.) ¹³			
2	1 ea.	1 stair chair ¹⁴			
Immobilization Equipment					
1	2 ea.	full spinal immobilization device that meets OSHA standards ¹⁵			
2	1 ea.	half spinal immobilization device that meets OSHA standards ¹⁵			
3	1 ea.	pediatric immobilization board (OPTIONAL)			
4	1 ea.	orthopedic stretcher			
5	6 ea.	9' straps or equivalent to immobilize 2 patients on long boards ¹⁶			
6	1 ea.	adult leg traction splint with ankle hitch			
7	1 ea.	pediatric leg traction splint with ankle hitch			
8	2 ea.	padded board splints (54" X 3") (bio-safe) ¹⁷			
9	2 ea.	padded board splints (36" X 3") (bio-safe) ¹⁷			
10	2 ea.	padded board splints (15" X 3") (bio-safe) ¹⁷			
11	2 sets	head immobilization device (head blocks, blanket roll)			
12	2 sets	extrication collars (5 sizes per set; or 2 adult and 2 pediatric adjustable collars)			
Safety Items					
1	1 ea.	child safety seat (meets federal specifications FMVSS-213) ³⁰			
2	1 ea.	fire extinguisher (5 lb. multipurpose dry chemical) ¹⁸			
3	2 ea.	handlights			
4	1 ea.	"NO SMOKING" sign in patient compartment			
5	3 ea.	reflective road hazard triangles			

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Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection

BLS – Ambulance

Personal Protective Equipment (PPE)

Each riding member will have his/her own PPE. Should this not be available, the company will supply suitable gear for members responding on that call. This PPE shall meet the requirements stated within “Maryland Fire Service Health and Safety Consensus Standard, January 1, 2002. (Section .08): provide PPE to its members commensurate with the level of hazard and response expected.”

	No. Of Items	Description	Pass	Fail	Notes
Extrication Equipment					
	The following is the minimum extrication equipment that must be available at all times.				
1	1 ea.	wrench, 12", open-ended adjustable			
2	1 ea.	screwdriver, 12", standard slot blade			
3	1 ea.	screwdriver, 12", Phillips type			
4	1 ea.	hacksaw			
5	3 ea.	hacksaw blades, wire type (carbide)			
6	1 ea.	pliers, 8" channel lock, adjustable			
7	1 ea.	pliers, 10", self-locking (vise grips)			
8	1 ea.	hammer, 3 pound, 15" handle (engineer style)			
9	1 ea.	spring-loaded punch			
	The following additional equipment is recommended if you do not have an emergency vehicle capable of providing extrication support within 10 minutes.				
10	1 set	vehicle stabilization devices (commercially available devices or two 4x4 wooden blocks) ¹¹			
11	1 ea.	bolt cutter, with 1-1/4" jaw opening			
12	1 ea.	portable power jack and spreader tool			
13	1 ea.	shovel, 49" with pointed blade			
14	1 ea.	flat head fire ax			
15	1 ea.	halligan tool			
Ambulance Vehicle					
		Refer to COMAR Section 11.14.02 DOT standards			
1		functional climate control system (both heating and cooling) ³²			
2		functional emergency warning lights			
3		functional emergency audible warning devices (not horn)			
4		functional head, tail, and signal lights			
5		Medical Radio: MIEMSS: Yes _____ No _____ Manufacture: _____ C# _____ SN# _____			
6		Medical Portable Radio (If applicable): MIEMSS: Yes _____ No _____ Manufacture: _____ C# _____ SN# _____			

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Maryland Voluntary Ambulance Inspection
BLS – Ambulance

	No. Of Items	Description	Pass	Fail	Notes
Sanitation Standards / Biohazard Items					
1	2 ea.	emesis basins or convenience bag			
2	1 ea.	container of disinfecting solution for ambulance (OSHA standards will be followed)			
3	4 ea.	surgical masks ⁴³			
4	4 ea.	gowns (impenetrable to blood and/or body fluids) ⁴³			
5	4 ea.	eye/facial shield (may be combined with surgical masks) ⁴³			
	NOTE:	Items 3, 4, & 5 may be combined into a biohazard kit carried on the ambulance.			
6	5 ea.	plastic, sealable bags with biohazard stickers			
7	1 ea.	trash can			
8		first-aid supplies stored in a clean container			
9		ambulance interior clean and disinfected in compliance with OSHA bloodborne pathogen standards (CFR29.1910.30)			
10		suitable containers for trash and soiled supplies			
11		container to safely dispose of sharps ¹⁹			
12		Devices used for patient's nose and mouth shall be separately wrapped and stored.			
Optional Equipment					
1	1 ea.	respirator for each crew member as recommended by the Centers for Disease Control (N95 or equivalent)			
2	1 ea.	body substance isolation kit. A second biohazard kit consisting of 4 surgical masks, 4 eye protection devices, and 4 protective gowns for each crew member.			
3	1 ea.	pulse oximeter			
4	1 ea.	pediatric PASG (with passive relief valves)			
5	1 ea	glucometer (required if jurisdiction participates in optional program)			
6	2 ea.	MARK I kits (required if jurisdiction participates in optional program)			

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Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection

BLS – First Responder Unit

Pre-Inspection Information

All reusable items, especially those that most often must be left with the patient at a hospital (boards, PSAG, etc.), must be clearly marked, due to the fact that patients are often transported to trauma and specialty centers outside the immediate response area. The following minimum information is required if the equipment is to be accounted for and returned to service promptly: 1) Company Name (not just initials); 2) County and State Name; and 3) Permanent Accessible Phone Number, including area code (station or central communications).

	No. Of Items	Description	Pass	Fail	Notes
Portable First Aid Kit					
1	24 ea.	sterile gauze pads (min. 4"X4")			
2	2 rolls	1" adhesive tape (hypoallergenic tape must be available) ¹			
3	8 ea.	cravats (triangular bandages) ²			
4	1 ea.	ring cutter			
5	1 ea.	stethoscope			
6	1 ea.	adult BP cuff (regular)			
7	1 ea.	adult BP cuff (large)			
8	1 ea.	child BP cuff			
9	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
10	1 ea.	penlight (narrow beam flashlight acceptable) ⁴			
11	6 rolls	4" self-adhering gauze bandages			
12	2 rolls	6" self-adhering gauze bandages			
13	4 ea.	sterile trauma dressing (5"X9" min.)			
14	1 box	exam gloves (assorted sizes) (OSHA standards will be followed) (latex free required January 1, 2004)			
15	2 ea.	cold packs			
16	1 ea.	activated charcoal with/without sorbitol - 200 gm ^{27 & 28}			
17	1 ea.	ippecac - 60 cc ^{27 & 28}			
18	1 ea.	Epinephrine auto-injectors, adult ²⁷			
19	1 ea.	Epinephrine auto-injectors, pediatric ²⁷			
20	1 ea.	glucose paste ²⁷			
21	1 ea.	bottle normal saline and/or sterile water (500cc) ²⁷			
22	1 ea.	kit large enough to carry above equipment			
Portable Suction Unit					
1	1 ea.	portable suction unit, hand powered or equivalent with ridged suction catheters ²⁰			
2	1 ea.	If using battery-powered suction unit, it must be capable of operating continuously under suction for at least 20 minutes with a rigid suction tip.			
3		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____in/Hg			
4		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
5		assorted catheters 6F-14F & rigid suction tips ¹²			

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Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection
BLS – First Responder Unit

	No. Of Items	Description	Pass	Fail	Notes
Portable Oxygen Kit					
1	1	medical oxygen cylinder with at least 300 L capacity, (required 1 "E" size 1 "D" size) ⁶ E Size (#1) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____			
2		D Size ⁶ (#1) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____ (#3) YEAR _____ PSI _____ (#4) YEAR _____ PSI _____			
3		all portable bottles must be secured			
4		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
5		free of grease, oil, or other flammable organic material			
6		passed hydrostatic testing within the past 5 years ⁷			
7		equipped with a yoke that has the appropriate thread or pin index			
8		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity dependent) ²²			
9		regulator shall have a reducing valve limiting line pressure to 50 psi ^{9, 23}			
10		a variable flow valve and a flow meter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
11		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
12		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
13		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			

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Maryland Voluntary Ambulance Inspection
BLS – First Responder Unit

	No. Of Items	Description	Pass	Fail	Notes
Oxygen Supplies					
1	2 ea.	adult nasal cannula			
2	2 ea.	adult non-rebreather			
3	2 ea.	pediatric nasal cannula			
4	2 ea.	pediatric non-rebreather			
5	2 ea.	oxygen connecting tubing ³¹			
6	1 ea.	adult (1000-1200 ml) hand-operated, self re-expanding, bag resuscitator			
7		without a pop-off valve or with a selectable pop-off valve			
8		an oxygen inlet			
9		reservoir tube			
10	1 ea.	transparent adult face mask (size 5)			
11	1 ea.	child (750 ml) hand-operated, self re-expanding, bag resuscitator			
12		without a pop-off valve or with a selectable pop-off valve			
13		an oxygen inlet			
14		reservoir tube			
15	1 ea.	transparent child face mask (sizes 1, 2, 3, 4)			
16	1 ea.	oropharyngeal airway (sizes 0, 1, 2, 3, 4, 5)			
17	1 set	nasopharyngeal airways (18F through 34F; a set is 6 sizes)			
18	1 ea.	kit large enough to carry above equipment			
Biohazard Items					
1		surgical masks ⁴³			
2		gowns (through which blood and/or body fluids ⁴³ containing blood cannot penetrate)			
3		eye/facial shield (may be combined with surgical masks) ⁴³			
General Supplies					
1		AED, with two sets of adult pads, spare battery if required, and a razor ⁴⁴			
2		sterile obstetrical (OB) kit (commercially packaged)			
3		thermal blanket ²⁹			
4		Maryland Medical Protocols for Emergency Medical Services Providers ³³			
5		communication compatible with on-line medical control if staffed by an EMT-B			
Optional Equipment					
1		respirator for each crew member as recommended by the Centers for Disease Control (N95 or equivalent)			
2		pulse oximeter			
3	2 ea.	MARK I kits (required if jurisdiction participates in optional program)			

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Maryland Voluntary Ambulance Inspection

ALS – Ambulance

Pre-Inspection Information

All reusable items, especially those that most often must be left with the patient at a hospital (boards, PSAG, etc.), must be clearly marked, due to the fact that patients are often transported to trauma and specialty centers outside the immediate response area. The following minimum information is required if the equipment is to be accounted for and returned to service promptly: 1) Company Name (not just initials); 2) County and State Name; and 3) Permanent Accessible Phone Number, including area code (station or central communications).

	No. Of Items	Description	Pass	Fail	Notes
		BLS Ambulance Seal of Excellence requirements met			
ALS Equipment ²⁷					
1	1 ea.	Cardiac monitor/defibrillator with quick look capability (adult and pediatric) ³⁷⁻³⁸			
2	2 ea.	Adult defibrillator pads ³⁹			
3	2 ea.	Pediatric defibrillator pads ³⁹			
4	1 set	Monitoring cables			
5	6 sets	Monitoring electrodes			
6	2 sets	Adult pacing pads ³⁵			
7	1 set	Pediatric pacing pads ³⁵			
8	1 ea.	Spare monitor/defib batteries and/or on-board charging system			
9	1 ea.	Spare EKG paper			
10	1 ea.	Tube electrode paste or jell pads (required with paddles)			
11	1 ea.	PDR or equivalent index (OPTIONAL) ³⁴			
12	1 ea.	Copy of Maryland Medical Protocols ³³			
13	1 ea.	Gastric tubing (8, 10, 12, 14fr) ²¹			
14	2 ea.	Lavage syringes - 50 cc (minimum) size			
15	1 ea.	Pneumothorax kit			
16	1 ea.	Glucometer kit			
17	1 ea.	Pulse Oximeter			
18	1 ea.	Pediatric Reference Guide (OPTIONAL) ⁴¹			
19	1 ea.	CPAP Device (required if jurisdiction participates in pilot or optional protocol program)			
20	1 ea.	Ventilator (required if jurisdiction participates in pilot or optional protocol program)			
Medication & Delivery Devices ²⁴⁻²⁷					
		Packing of medications or IV solutions may vary but quantities must be met.			
1		Adenosine - 30 mg			
2		Albuterol - 10 mg			
3	1 container	Aspirin - 162 mg PO or 325 mg chewable			
4		Atropine Sulfate - 6 mg			
5		Atrovent (Ipratropium) ⁴² - 1500 mcg			
6	1 ea.	Benzocaine -multi-dose spray bottle			
7		Calcium chloride - 2 gm			
8		Dextrose 50% - 50 gm			
9		Diazepam (Valium) - 20 mg ²⁶			
10		Diltiazem - 50 mg			
11		Diphenhydramine (Benadryl) - 100 mg			

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Maryland Voluntary Ambulance Inspection

ALS – Ambulance

	No. Of Items	Description	Pass	Fail	Notes
12		Dopamine - 800 mg ²⁵			
13		Epinephrine 1:10,000 - 6 mg			
14		Epinephrine 1:1,000 - 3 mg			
15		Furosemide (Lasix) - 200 mg			
16	3 ea.	Glucagon - 1 mg each			
17		Haloperidol (Haldol) ⁴² - 20 mg			
18		Lidocaine 2% - 600 mg			
19		Morphine Sulfate - 20 mg ²⁶			
20		Naloxone (Narcan) - 4 mg			
21	2 ea.	Nebulizers			
22	1 bottle or spray	Nitroglycerin - Spray/ Tab			
23		Sodium Bicarbonate - 100 mEq			
24		Terbutaline - 1 mg			
25		RSI Medications (required if jurisdiction participates in pilot or optional protocol program)			
		Midazolam - 10 mg			
		Succinylcholine - 200 mg			
		Vecuronium - 10 mg			
26	1 ea.	Controlled access system			
27	2 ea.	Intranasal medication delivery device ⁴²			
28	4 ea.	1 cc syringes with 25 g needles			
29	4 ea.	3-5 cc syringes			
30	4 ea.	18 or 19 g needles			
31	4 ea.	1 1/2 in. 21 g needles			
32	4 ea.	10 cc syringes			
Intravenous Equipment & Supplies ²⁷					
1	4 ea.	IV catheters (gauges 14, 16, 18, 20, 22, 24)			
2	3 ea.	Red top tubes			
3	3 ea.	Purple top or any tube with anticoagulant			
4	2 ea.	Vacutainers with needle or needleless system			
5	2	IO needles size 15 or 18			
6	2 ea.	Saline lock (OPTIONAL)			
	2 ea.	20 cc of normal saline (for saline lock) (OPTIONAL)			
7	4 sets	IV admins. sets (3 capable 10-15 drops per min and 1			
8		capable of 60 drops per min or variable flow sets)			
9	4 ea.	1000 cc bags Ringers Lactate ⁴⁰			
10		Site preparation materials			
11	1 ea.	Portable sharps container			
12	4 ea.	Saline Bullets (for nebulizer)			
13	2 ea.	Huber Needles (20 ga)			

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Maryland Voluntary Ambulance Inspection
ALS – Ambulance

	No. Of Items	Description	Pass	Fail	Notes
Intubation Kit ²⁷					
1	1 set	Miller blades (0, 1, 2, 3, 4)			
2	1 set	McIntosh blades (1, 2, 3, 4)			
3	1 ea.	Large laryngoscope handle with spare batteries			
4	1 ea.	Small laryngoscope handle with spare batteries (OPTIONAL)			
5	1 ea.	Spare laryngoscope bulbs (OPTIONAL)			
6	2 ea.	ET tubes cuffed (6, 7, 8, 9)			
7	2 ea.	ET tubes uncuffed (2.5, 3, 3.5, 4, 5)			
8		ET tube holders (OPTIONAL)			
9	2 ea.	Adult stylette			
10	2 ea.	Pediatric stylette			
11	2 ea.	Roll 1" adhesive tape			
12	2 ea.	10 cc syringes			
13	1 ea.	Large Magill forceps			
14	1 ea.	Small Magill forceps			
15	1 ea.	Surgical lubricant (tube or packets)			
16	1 ea.	Lidocaine 10% or Benzocaine spray 20%			
17	1 ea.	Lidocaine 2% - jelly			
18	1 ea.	End tidal carbon dioxide detector (electronic or colorometric)			
19	1 ea.	Combitube with syringe (100 ml & 15 ml)			
20	1 ea.	Combitube SA (small adult) with syringe (85 ml & 12 ml)			

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Maryland Voluntary Ambulance Inspection

ALS Chase Car and ALS Engine

Pre-Inspection Information

All reusable items, especially those that most often must be left with the patient at a hospital (boards, PSAG, etc.), must be clearly marked, due to the fact that patients are often transported to trauma and specialty centers outside the immediate response area. The following minimum information is required if the equipment is to be accounted for and returned to service promptly: 1) Company Name (not just initials); 2) County and State Name; and 3) Permanent Accessible Phone Number, including area code (station or central communications).

	No. Of Items	Description	Pass	Fail	Notes
ALS Equipment ²⁷					
1	1 ea.	Medical radio to communicate with on-line medical control			
2		Medical Radio (if applicable): MIEMSS: Yes _____ No _____ Manufacture: _____ C# _____ SN# _____			
3		Medical Portable Radio (if applicable): MIEMSS: Yes _____ No _____ Manufacture: _____ C# _____ SN# _____			
4	1 ea.	AED, with two sets of adult pads, spare battery if required and a razor (REQUIRED ON ALS-ENGINES) ⁴⁴			
5	1 ea.	Cardiac monitor/defibrillator with quick look capability (adult and pediatric) ³⁷⁻³⁸			
6	2 ea.	Adult defibrillator pads ³⁹			
7	2 ea.	Pediatric defibrillator pads ³⁹			
8	1 set	Monitoring cables			
9	6 sets	Monitoring electrodes			
10	2 sets	Adult pacing pads ³⁵			
11	1 set	Pediatric pacing pads ³⁵			
12	1	Spare monitor/defib batteries and/or on-board charging system			
13	1 ea.	Spare EKG paper			
14	1 ea.	Tube electrode paste or jell pads (required with paddles)			
15	1 ea.	PDR or equivalent index (OPTIONAL) ³⁴			
16	1 ea.	Copy of Maryland Medical Protocols ³³			
17	1 ea.	Gastric tubing (8, 10, 12, 14fr) ²¹			
18	2 ea.	Lavage syringes - 50 cc (minimum) size			
19	1 ea.	Pneumothorax kit			
20	1 ea.	Glucometer kit			
21	1 ea.	Pulse Oximeter			
22	1 ea.	Pediatric Reference Guide (OPTIONAL) ⁴¹			
23	1 ea.	CPAP Device (required if jurisdiction participates in pilot or optional protocol program, if needed to upgrade a BLS ambulance)			
24	1 ea.	Ventilator (required if jurisdiction participates in pilot or optional protocol program, if needed to upgrade a BLS ambulance)			

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Maryland Voluntary Ambulance Inspection

ALS Chase Car and ALS Engine

	No. Of Items	Description	Pass	Fail	Notes
Medication and Delivery Devices ²⁴⁻²⁷					
		Packing of medications or IV solutions may vary but quantities must be met.			
1		Adenosine - 30 mg			
2		Albuterol - 10 mg			
3	1 container	Aspirin - 162 mg PO or 325 mg chewable			
4		Atropine Sulfate - 6 mg			
5		Atrovent (Ipratropium) ⁴² - 1500 mcg			
6	1 ea.	Benzocaine -multi-dose spray bottle			
7		Calcium chloride - 2 gm			
8		Dextrose 50% - 50 gm			
9		Diazepam (Valium) - 20 mg ²⁶			
10		Diltiazem - 50 mg			
11		Diphenhydramine (Benadryl) - 100 mg			
12		Dopamine - 800 mg ²⁵			
13		Epinephrine 1:10,000 - 6 mg			
14		Epinephrine 1:1,000 - 3 mg			
15		Furosemide (Lasix) - 200 mg			
16	3 ea.	Glucagon - 1 mg each			
17		Haloperidol (Haldol) ⁴² - 20 mg			
18		Lidocaine 2% - 600 mg			
19		Morphine Sulfate - 20 mg ²⁶			
20		Naloxone (Narcan) - 4 mg			
21	2 ea.	Nebulizers			
22	1 bottle or spray	Nitroglycerin - Spray/ Tab			
23		Sodium Bicarbonate - 100 mEq			
24		Terbutaline - 1 mg			
25		RSI Medications (required if jurisdiction participates in pilot or optional protocol program)			
		Midazolam - 10 mg			
		Succinylcholine - 200 mg			
		Vecuronium - 10 mg			
26	1 ea.	Epinephrine auto-injectors, adult			
27	1 ea.	Epinephrine auto-injectors, pediatric			
28	1 ea.	Controlled access system			
29	2 ea.	Intranasal medication delivery device ⁴²			
30	4 ea.	1 cc syringes with 25 g needles			
31	4 ea.	3-5 cc syringes			
32	4 ea.	18 or 19 g needles			
33	4 ea.	1 1/2 in. 21 g needles			
34	4 ea.	10 cc syringes			

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Maryland Voluntary Ambulance Inspection

ALS Chase Car and ALS Engine

	No. Of Items	Description	Pass	Fail	Notes
Intravenous Equipment & Supplies ²⁷					
1	2 ea.	IV catheters (gauges 14, 16, 18, 20, 22, 24)			
2	3 ea.	Red top tubes			
3	3 ea.	Purple top or any tube with anticoagulant			
4	2 ea.	Vacutainers			
5	2	IO needles size 15 or 18			
6	2 ea.	Saline lock (OPTIONAL)			
7	2 ea.	20 cc of normal saline (for saline lock) (OPTIONAL)			
8	3 sets	IV admins. sets (2 capable 10-15 drops per min and 1 capable of 60 drops per min or variable flow rate)			
9	2 ea.	1000 cc bags Ringers Lactate ⁴⁰			
10		Site preparation materials			
11	1 ea.	Portable sharps container			
12	4 ea.	Saline Bullets (for nebulizer)			
13	2 ea.	Huber Needles (20 ga.)			
Intubation Kit ²⁷					
1	1 set	Miller blades (0, 1, 2, 3, 4)			
2	1 set	McIntosh blades (1, 2, 3, 4)			
3	1 ea.	Large laryngoscope handle with spare batteries			
4	2 ea.	Small laryngoscope handle with spare batteries (OPTIONAL)			
5		Spare laryngoscope bulbs (OPTIONAL)			
6	2 ea.	ET tubes cuffed (6, 7, 8, 9)			
7	2 ea.	ET tubes uncuffed (2.5, 3, 3.5, 4, 5)			
8		ET tube holders (OPTIONAL)			
9	2 ea.	Adult stylette			
10	2 ea.	Pediatric stylette			
11	2 ea.	Roll 1" adhesive tape			
12	2 ea.	10 cc syringes			
13	1 ea.	Large Magill forceps			
14	1 ea.	Small Magill forceps			
15	1 ea.	Surgical lubricant (tube or packets)			
16	1 ea.	Lidocaine 10% or Benzocaine spray 20%			
17	1 ea.	Lidocaine 2% - jelly			
18	1 ea.	End tidal carbon dioxide detector (electronic or colorimetric)			
19	1 ea.	Combitube with syringe (100 ml & 15 ml)			
20	1 ea.	Combitube SA (small adult) with syringe (85 ml & 12 ml)			
Portable First Aid Kit					
1	24 ea.	sterile gauze pads (min. 4"X4")			
2	2 rolls	1" adhesive tape (some hypoallergenic tape must be available) ¹			
3	8 ea.	cravats (triangular bandages) ²			
4	1 ea.	ring cutter			
5	1 ea.	stethoscope			

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Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection

ALS Chase Car and ALS Engine

	No. Of Items	Description	Pass	Fail	Notes
6	1 ea.	adult BP cuff (regular)			
7	1 ea.	adult BP cuff (large)			
8	1 ea.	child BP cuff			
9	1 ea.	infant BP cuff			
10	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
11	1 ea.	penlight (narrow beam flashlight acceptable) ⁴			
12	6 rolls	4" self-adhering gauze bandages			
13	2 rolls	6" self-adhering gauze bandages			
14	4 ea.	sterile trauma dressing (5"X9" min.)			
15	1 ea.	activated charcoal with/without sorbitol - 200 gm ^{27 & 28}			
16	1 ea.	ipecac - 60 cc ^{27 & 28}			
17	1 bottle	normal saline and/or sterile water (500 ml)			
18	2 ea.	cold packs			
19	1 box	exam gloves (assorted sizes) (OSHA standards will be followed) (latex free required January 1, 2004)			
20		surgical masks ⁴³			
21		gowns (through which blood and/or body fluids containing blood cannot penetrate) ⁴³			
22		eye/facial shield (may be combined with surgical masks) ⁴³			
23	1 ea.	kit large enough to carry above equipment			
Portable Oxygen Kit					
1	1	medical oxygen cylinder with at least 300 L capacity, (required 1 "E" size 1 "D" size) ⁶ E Size (#1) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____			
2		D Size ⁶ (#1) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____ (#3) YEAR _____ PSI _____ (#4) YEAR _____ PSI _____			
3		all portable bottles must be secured			
4		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
5		free of grease, oil, or other flammable organic material			
6		passed hydrostatic testing within the past 5 years ⁷			
7		equipped with a yoke that has the appropriate thread or pin index			
8		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity dependent) ²³			
9		regulator shall have a reducing valve limiting line pressure to 50 psi ²³			

COMPANY: _____

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Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection

ALS Chase Car and ALS Engine

	No. Of Items	Description	Pass	Fail	Notes
10		a variable flow valve and a flow meter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
11		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
12		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
13		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			
Oxygen Supplies					
1	2 ea.	adult nasal cannula			
2	2 ea.	adult non-rebreather			
3	2 ea.	pediatric nasal cannula			
4	2 ea.	pediatric non-rebreather			
5	2 ea.	oxygen connecting tubing ³¹			
6	1 ea.	adult (1000-1200 ml) hand-operated, self re-expanding, bag resuscitator			
7		without a pop-off valve or with a selectable pop-off valve			
8		an oxygen inlet			
9		reservoir tube			
10	1 ea.	transparent adult face mask (size 5)			
11	1 ea.	child (750 ml) hand-operated, self re-expanding, bag resuscitator			
12		without a pop-off valve or with a selectable pop-off valve			
13		an oxygen inlet			
14		reservoir tube			
15	1 ea.	transparent child face mask (sizes 1, 2, 3, 4)			
16	1 ea.	infant (450-500 ml) hand-operated, self re-expanding, bag resuscitator			
17		without a pop-off valve or with a selectable pop-off valve			
18		an oxygen inlet			
19		reservoir tube			
20	1 ea.	transparent infant face mask (sizes 00, 0)			
21	1 set	oropharyngeal airway (sizes 0, 1, 2, 3, 4, 5)			
22		nasopharyngeal airways (18F through 34F; a set is 6 sizes)			

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 FLEET #: _____

Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection

ALS Chase Car and ALS Engine

	No. Of Items	Description	Pass	Fail	Notes
Portable Suction Unit					
1	1 ea.	portable suction unit, battery-powered capable of operating continuously under suction for at least 20 minutes			
2		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____in/Hg			
3		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
4		assorted catheters 6F-14F & rigid suction tips ¹²			
General Supplies					
1	2 ea.	sterile obstetrical (OB) kit (commercially packaged)			
2	2	Blankets			
3	1 ea.	Maryland Medical Protocols for Emergency Medical Services Providers ³³			
Optional Equipment					
4	1	full spinal immobilization device that meets OSHA standards ¹⁵			
5	1	half spinal immobilization device that meets OSHA standards ¹⁵			
6	4 ea.	9' straps or equivalent to immobilize 1 patient on long board ¹⁶			
7	2 ea.	MARK I kits (required if jurisdiction participates in optional program)			

COMPANY: _____

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Footnote Numbers Refer to MVAI Definitions & Guidelines

Maryland Voluntary Ambulance Inspection

Definitions & Guidelines

Positive Pressure Demand Valve Resuscitator is discouraged. If you have a positive pressure demand valve resuscitator, it will be inspected to insure proper working order. There needs to be a constant flow rate of 100% oxygen at 40 LPM (plus or minus 10% error). The inspiratory pressure relief valve must open at 60cm H₂O (plus or minus 10% error).

The numbers correspond with the footnote numbers on the equipment checklist forms.

- | | | |
|-----|-------------------------------|---|
| 1. | Hypoallergenic tape | Usually only the original carton will be labeled as being hypoallergenic; therefore, OIC will determine if it is. |
| 2. | Cravats | If not commercially prepared and packaged, the minimum size is 36"x 36". |
| 3. | | Intentionally left blank. |
| 4. | Penlights | Should be AA or AAA type. |
| 5. | Maryland Triage Tag Kit | Should include 25 tags (current) and enough red, yellow, green, and black ribbon to triage 25 patients. |
| 6. | Oxygen | Portable tanks must have at least 300 psi. Portable tanks must be in DOT crash-stable brackets (if located in the patient compartment) and the bracket must be secured with nut and bolt assembly. Printed material regarding the importance and the specifications of these brackets may be obtained from your local MIEMSS Regional Office. Cup and yolk acceptable if inside a secured (latched) cabinet. When the ambulance is in motion, all portable bottles should be secured. Ferno clip may only be used between scene/patient room and ambulance. |
| 7. | Cylinders (all sizes) | <ul style="list-style-type: none"> • <u>steel cylinder</u> with a stamped hydrostatic test date followed by a star is good for 10 years. Without any symbol, it is good for 5 years. • <u>aluminum cylinder</u> is good for 5 years. |
| 8. | Oxygen | On-board tanks must have at least 300 psi. |
| 9. | Line pressure | On-board regulator should read 50 psi; if it is less than or greater than 50 psi, it should only be plus or minus by 10 psi. The gauge may be adjusted if possible or the OIC will be notified. |
| 10. | Flares are not acceptable. | |
| 11. | Vehicle stabilization devices | A set consists of 2 wooden blocks or a set obtained commercially. |
| 12. | Suction catheters | Assorted sizes: need one between 8 and 10 fr. and one between 12 and 16 fr. |
| 13. | Stretcher mattress & pillow | Split or torn mattresses are unacceptable. Moisture-proof protective covers shall be provided for the mattress and for any reusable pillows. |
| 14. | Stair chair | If it is stored in the patient compartment, it must be secured with non-elastic straps. Loose, heavy objects or equipment, not secured in the patient compartment, could cause injury if the ambulance is in a crash. |

Definitions & Guidelines (continued)

15.	Backboards	If wooden, must be free of splinters, cracks, gouges, or sharp edges that could cause injury or harbor bloodborne pathogens.
16.	9 ft strap	Any equivalent is acceptable. Backboards with clips may use shorter straps as long as the scoop stretcher also has its own straps.
17.	Board splints	Old cloth splints are not acceptable unless they are disposable and clean. IV arm boards are not acceptable as splints.
18.	5 lb. fire extinguisher	Should be tagged indicating service date; if new, check label or bottom of cylinder for date. Must be mounted or secured to prevent injury or accidental discharge; may be mounted in outside compartment.
19.	Sharps container	Must be secured to prevent spilling. In BLS units they may be stored in a cabinet. In ALS units they must be in an area that allows easy access (this may be in a cabinet if easily accessible). For further information, see <u>Bloodborne Facts: Protect Yourself When Handling Sharps</u> .
20.	Portable Suction	If Res-Q-Vac is used, all pieces must be present: adult canister with hard tip, adult soft tip, pediatric canister with soft tip.
21.	Gastric tubing	Feeding tubes are acceptable. Suction catheters are acceptable if thumb hole can be occluded (#8 is usually where they use these substitutes).
22.	Oxygen Regulator	Can be separate or in combination with oxygen pressure gauge.
23.	Oxygen Regulator	Can be separate or in combination with oxygen reduction valve.
24.	Medications	You should randomly check expiration dates on medications, blood tubes, ringers lactate, IV equipment, and supplies.
25.	Dopamine	Premixed bags are acceptable.
26.	Controlled Access	Valium and Morphine must be under double lock.
27.	Items with Expiration Dates	Place medical supplies out of service as they expire, and properly discard medical supplies when they are expired.
28.	Ipecac and Activated Charcoal	Packing of medications or IV solutions may vary, but quantities must be met.
29.	Linen	Freshly laundered or disposable linen will be acceptable.
30.	Child Safety Seat	FMVSS-213 must be printed on the manufacturer's label.
31.	Oxygen Connecting Tubing	Required, if not available with other appliances.
32.	Climate Control System	The rear air conditioner should be blowing at a temperature of at least 65° or lower at the air vents.
33.	MD Medical Protocols for EMS Providers	An updated copy of the Maryland Medical Protocols (the 8.5 inches X 11 inches version, not the pocket version)
34.	PDR or Equivalent	This is an option. Must be current within two years.
35.	Not required when unit is equipped with combo pads.	

Definitions & Guidelines (continued)

36. Cardiac monitor shall have capability of synchronized cardioversion, and pacing capability. In the year 2008, equipment without synchronized cardioversion will not be allowed.
37. Units with Defib Pads that offer "quick look" are acceptable in lieu of quick look paddles.
38. Required when unit is not equipped with paddles.
39. Not required when unit is equipped with defibrillator paddles.
40. Packaging of medications or IV solutions may vary, but quantities must be met.
41. Pediatric Reference Guide (equipment and medication dosage based upon age or length, e.g. chart or tape).
42. Effective July 1, 2003.
43. This item should be provided for each provider on the unit.
44. AED must be assigned to this unit.